## Greater Uncinnati Benavioral Health Services Holistic Health Project Progress Note

Date of Service																		
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Client Name:									Client ID #									
Sta	Start Time End Time											Service	Service Code			Location		
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		DATE OF THE PARTY		•												AND THE PROPERTY OF THE PROPER		
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Ph	ysica	al He	alth	1								Subs	Substance Use					
ΠР	atient's	physic	cal hea	ilth was	scre	ened o	r asse	essed	at thi	s visit		☐ Patient's substance use was <b>screened</b> or <b>assessed</b> at this visit						
ПP	atient re	eceive	d a ref	erral fo	or a pl	hysical	health	proble	em at	this v	/isit	☐ Patie	☐ Patient received a <b>referral</b> for a substance use problem at this visit					
□P	atient's	visit ir	clude	d physi	cal he	alth tre	atme	nt plar	nning	l		□Patie	☐ Patient's visit included substance use medication management					
	atient's											☐ Patie	☐ Patient was <b>hospitalized</b> for substance use problem since last visit					
	atient w ovide				phys	ical he	aith pr	oblem	since	last '	visit	Mont	Mental Health					
													☐ Patient received a referral for a mental health problem at this visit					
	atient's atient's							_	vidor	e un s	un na b		☐ Patient's visit included mental health medication management					
	line		icidde.	J COITE	GC WIL	рин	ary ca	ie pio	viaci	φ-w, r	XE, EA, F		☐ Patient's visit included hypertension education					
	Patient received a referral for wellness programming at this visit									his vi	sit	☐ Patie	☐ Patient's visit included healthy cooking					
									•			☐ Patie	☐ Patient's visit included physical activity education					
☐ Patient's visit included smoking cessation ☐ Patient's visit included nutrition education												☐ Patient's visit included stress management						
☐ Patient's visit included healthy cooking													☐ Patient's visit included illness self-management					
☐ Patient's visit included diabetes education												☐ Patient's visit included recovery activities						
Last visit date with HCC was:																		
□ Other:																		
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## Greater Cincinnati Behavioral Health Services Holistic Health Project Progress Note

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Staff Signature:			□RN	Signature/Jocumentation Date